

Sample Letter

HOUSEHOLD MAY HAVE SOCIAL SECURITY OFFICE COMPLETE

Social Security and/or Supplemental Security Income (SSI)

This statement is to confirm that _____ received the following
(Name of Claimant)

social security income \$ _____ or SSI income \$ _____

for the month of _____ .

Signature of Official

Date

City

State

Zip Code

Telephone Number: () _____ - _____

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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For more information, visit the CSDE's [Verification](#) Web page or contact the [school nutrition programs](#) staff in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

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